

recorded. The deaths referred to diseases of the respiratory organs in these towns, which had been 92 and 95 in the two preceding weeks, were again 95 last week, and showed an excess of 23 over the number in the corresponding period of last year. The causes of 24, or nearly 4 per cent., of the deaths in these eight towns last week were not certified.

#### HEALTH OF DUBLIN.

The annual rate of mortality in Dublin, which had been 20.2 and 18.2 per 1000 in the two preceding weeks, rose again to 20.7 during the week ending July 6th. During the past four weeks the death-rate has averaged 19.7 per 1000, the rates during the same period being 14.0 in London and 17.5 in Edinburgh. The 149 deaths of persons belonging to Dublin registered during the week under notice were 18 in excess of the number in the preceding week, and included seven which were referred to the principal zymotic diseases, against 10 and five in the two preceding weeks; of these three resulted from diphtheria, two from whooping-cough, one from “fever,” and one from diarrhoea. These seven deaths were equal to an annual rate of 1.0 per 1000, the zymotic death-rate during the same period being 1.8 in London and 1.5 in Edinburgh. The three fatal cases of diphtheria showed an excess over the number recorded in any recent week. The deaths from whooping-cough, which had declined from five to two in the four preceding weeks, were again two last week. The 149 deaths in Dublin last week included 21 of children under one year of age and 41 of persons aged upwards of 60 years; the deaths of infants showed a slight decline, while those of elderly persons corresponded with the number in the preceding week. Eleven inquest cases and six deaths from violence were registered; and 58, or more than one-third, of the deaths occurred in public institutions. The causes of nine, or more than 6 per cent., of the deaths in Dublin last week were not certified.

### THE SERVICES.

#### ROYAL NAVY MEDICAL SERVICE

THE following appointments are notified:—Fleet Surgeon G. Kirker to Haslar Hospital. Staff Surgeons: F. J. Burns to the *Trafalgar* and R. W. Anderson to the *Andromache*. Surgeons: E. A. Shaw to the *Apollo*; C. T. Baxter to the *Repulse*; H. V. Wills to the *Niobe*; and P. T. Sutcliffe to the *Duke of Wellington*.

#### MILITIA MEDICAL STAFF CORPS.

Surgeon-Lieutenant W. Fletcher, D.S.O., to be Surgeon-Captain, and to remain seconded. The undermentioned officers are seconded for service with the Royal Army Medical Corps in South Africa:—Surgeon-Captain A. H. Benson and Surgeon-Lieutenant J. Clerke.

#### VOLUNTEER CORPS.

*Rifle*: 24th Middlesex: Surgeon-Captain A. Eddowes resigns his commission.

#### VOLUNTEER MEDICAL STAFF CORPS.

The Glasgow Companies:—To be Surgeon-Lieutenants: Samuel Macfarlane Sloan, Hugh Wright Thomson, and Archibald Young.

#### SOUTH AFRICAN WAR NOTES.

The transport *Montfort*, which went ashore on Hampstead Ledge, Newtown, Isle of Wight, on July 5th, and which was subsequently refloated, had on board, returning from South Africa, Civil Surgeons Hodge and Holt.

Major O'Callaghan, Major Hale, D.S.O., and Civil Surgeons A. Strange, H. Y. Taylor, and Boyd are on passage home.

#### MENTIONED IN DESPATCHES.

The *London Gazette* of July 9th contains a long despatch from Lord Kitchener in which the following officers are mentioned:—

In connexion with the action near Lombert's Bay, Cape Colony, March 1st, 1901, Captain L. J. Weatherbe, attached, Royal Army Medical Corps, medical officer, of Paget's Horse, is referred to as having rendered valuable service throughout the day. He took out an ambulance twice under heavy fire. Captain A. H. Sturdee, Victorian Imperial Regiment, medical officer at Middelwater, Cape Colony, on April 22nd,

rode half a mile under fire to a donga near the enemy's position in which were some wounded men who needed medical aid. Lieutenant J. H. Patterson (medical officer) in an action near Rhenoster Kop on May 7th proceeded under fire to within 70 yards of the enemy in order to assist wounded men and remained under close fire for over two hours, and, though constantly shot at, continued to attend the wounded and remained behind with them when the patrol withdrew, though he was without red cross brassard.

#### DEATHS IN THE SERVICES.

Surgeon John Gallagher Corry, R.N., of H.M. cruiser *Niobe*, one of the ships of the Channel Squadron, on July 7th, from phthisis, at the Royal Naval Hospital, Stonehouse. Surgeon Corry, who received his medical education at Queen's College, Galway, and Edinburgh University, graduated M.B., B.Ch., and B.A.O. of the Royal University of Ireland in 1897. He entered the Royal Navy as a surgeon on May 23rd, 1898, and was appointed to the *Niobe* on April 23rd last. Surgeon Corry was only a few weeks ago replaced in the *Niobe* by Surgeon P. T. Sutcliffe in order that he might have the benefit of hospital treatment. The deceased was very popular amongst his brother officers and much regret is felt at his early death.

Fleet Surgeon Matthew Fletcher Ryan, R.N., retired, died suddenly at the Junior Army and Navy Club on July 5th from heart disease. He entered the service in 1868 and retired with the rank of Fleet Surgeon in 1898.

#### THE NEW NAVAL HOSPITAL AT KEYHAM.

Rapid progress in being made with the naval hospital attached to the Royal Naval Barracks at Keyham. The new building which, it is hoped, will be ready for occupation by January next, will provide accommodation for 40 patients. The hospital, which will be used solely by the medical staff at the general depôt, will greatly relieve the heavy demands made on the resources of the Royal Naval Hospital at Stonehouse.

## Correspondence.

“Audi alteram partem.”

### VIRCHOW'S EIGHTIETH BIRTHDAY.

To the Editors of THE LANCET.

SIRS,—I learn from Professor Waldeyer that Virchow's eightieth birthday will be celebrated in Berlin on Saturday, Oct. 12th, when he will personally receive delegates with congratulatory addresses from various scientific bodies, foreign as well as German.

A preliminary notice of the intended celebration was given by Sir William Turner at the meeting of the General Medical Council last November to the representatives of the universities and medical corporations on that body; and if such of them as desire to be represented on the occasion will kindly send to me as soon as convenient the names of the delegates appointed I will communicate them to Professor Waldeyer who is the president of the executive committee. Further particulars as to arrangements will be furnished later. The insertion of this letter in your columns would oblige

Yours truly,

12, Park-crescent, Portland-place, W., July 6th, 1901. LISTER.

### “UNBOILED *v.* BOILED MILK.”

To the Editors of THE LANCET.

SIRS,—The kind and forcible criticisms which my letter has evoked and the substantial agreement with my views which other correspondents express, equally make it evident that in this question I have hit the nail on the head. From the interest shown in the subject it is clear, too, that the time has arrived for the profession to exert its influence in practice.

That epidemics arise from impure milk there can be no doubt, and that infants and children suffer from tainted and fermented milk is likewise certain. But this latter difficulty should be met by the sterilisation or boiling of the milk for infants during the *few hot days* we experience in this country, when milk is likely to become sour. It is the habitual use of sterilised and boiled milk, and *all that series of prepared*

*milks which are similarly treated*, which is answerable for such disastrous consequences.

When a man of the calibre of Dr. F. J. Smith, of great experience at the London Hospital in connexion with boiled milk in the East-end of London concurs with me who reside in the country it is not unreasonable to think that the arguments and assertions of my generous critics are refuted by this conjoint experience and the conclusion based thereon. I would only point out that the remedy for poisoned milk is not the increase of the evil by boiling, but the provision that the milk is issued safely to the public by a thorough organisation of the inspection of dairies and dairy cows with adequate penalties for failure. True, the dairyman is punished for diminishing the nutritive value of milk by adding water when a rare conviction can be secured; but this is insufficient. Ignorance, criminal carelessness, and fraud are practised in the sale of milk more extensively than in any other article of food. The trade is one of the most lucrative, as shown by the position of even small traders, so that it can well afford the compulsion of more intelligence, greater care, and stricter honesty. When the profound influence of purity in this universal article of food upon the physical vigour, and consequently the mental power, of the nation is considered the subject assumes an infinitely more serious aspect and demands the united and persistent action of the profession in securing legislative measures of a thoroughly searching and vigorous character. I am, Sirs, yours faithfully,

Rugby, July 8th, 1901.

CLEMENT DUKES.

*To the Editors of THE LANCET.*

SIRS,—I am glad to see that such an able authority as Dr. Clement Dukes has taken up this question and that his experience leads him to advocate the use of unboiled milk. For a considerable time I have employed fresh unboiled milk in the feeding of infants. I was led to adopt this line of treatment because of two successive cases, one of scurvy and another of severe malnutrition, which occurred in my practice as the result of continuous feeding on boiled milk. Other cases I can now recall which I am satisfied were due to the regular employment of boiled milk. But although I have been ten years in practice I can recall no case of tuberculosis amongst infants and the larger proportion of my patients must have been brought up on unboiled milk. The fact is, that in my experience tuberculous disease of the glands and peritoneum in children is more frequent after the child has passed the purely milk stage.

The question arises, Why does boiled milk cause scurvy and other diseases of malnutrition? Dr. Corlette some 12 months ago gave it as his opinion (based on experimental and other evidence) that scurvy in infants was due to loss of citric acid in the boiled milk. He said that the disease could be cured by giving fresh milk, or lemon or orange juice, all of which contained citric acid. But scurvy can be cured by fresh vegetables which contain no trace of citric acid or allied body. The fact is, that boiling alters the whole composition and constitution of milk. The same may be said of pasteurising. Either process drives off the gases, the flavouring principle and the fats are changed and rendered less ready of digestion, the proteids are altered, and the salts in general are altered and become deposited in great part either on the bottom or on the sides of the vessel. In short, the whole nutritional value of the milk is changed. Instead of boiling the milk we should insist upon having it pure, and if we cannot have it pure then let us behead either the medical officer of health or the cowkeeper, for one or the other is guilty.

I am, Sirs, yours faithfully,

Leeds, July 4th, 1901.

GORDON SHARP.

*To the Editors of THE LANCET.*

SIRS,—There are three questions regarding milk about which differences of opinion exist and require definite settlement: 1. Is the nutritious quality of milk altered by boiling? 2. Is the tubercle bacillus, together with other disease germs, killed by boiling? 3. Is the milk of tuberculous cows a common cause of tuberculosis? In reply to the first question Dr. Corlette, connected with the department of pathological chemistry, University College, London, says: "Citric acid is present in fresh milk, notably diminished in sterilised, but less so in pasteurised milk. It is abundant in lime-juice. With this it is found that infantile scurvy does not occur under a sufficiency of fresh milk, does occur with sterilised, and does not, or very rarely so, with pasteurised milk." Dr. Kerr, late examiner

in chemistry and medical jurisprudence, Aberdeen University, says: "The *chemical* result of boiling is to kill all the living cells and coagulate all the albuminoid constituents. Milk after boiling is thicker than it was before. The *physiological* results are that all the constituents of the milk must be digested before it can be absorbed into the system." Therefore there is a distinct loss of utility in the milk, because the living cells of fresh milk do not enter into the circulation direct as living protoplasm and build up the tissues direct as they would do in unboiled milk. In practice it will have been noticed by most medical practitioners that there is a very appreciable lowered vitality in infants fed on boiled milk.

The next point for consideration is, Are disease germs which may chance to be present in milk destroyed by boiling? Dr. Fayel stated some time ago in the *L'Année Médicale de Caen* that he did not believe the tubercle bacillus was destroyed by boiling, since experiments at the Physiological Institute showed that the degree of ebullition of milk never exceeds 100° C., whereas the tubercle bacillus is only killed at a temperature of from 110° C. to 115° C. Mr. Watson Cheyne, of King's College, said: The temperature necessary to kill bacteria depends upon whether they are in the adult or spore condition. In the spore condition in milk it would need somewhat prolonged exposure to a boiling temperature in a warm bath to destroy them, but when I worked with these things I found the only successful way was to boil for 10 or 15 minutes, on three successive days, thus giving the spores a chance of sprouting in the interval and catching them as adults. The last point is to whether the raw milk of tuberculous cows commonly produces tubercle in the human being by its regular use. Well, the veterinary department of the Board of Agriculture put forward the statement some time ago that the results of their experiments with the unboiled milk of tuberculous cows were entirely negative, and Dr. Vivian Poore's evidence on this point is certainly very striking, as is also that of Dr. Clement Dukes. The evidence on the other side will be awaited with interest, but it must be very strong to be convincing.—I am, Sirs, yours faithfully,

Bexhill-on-Sea, July 9th, 1901.

F. P. ATKINSON.

*To the Editors of THE LANCET.*

SIRS,—The main objection which Dr. Dukes and others raise to the boiling or sterilising of milk appears to be that its nutritive value is greatly impaired by the process. Unfortunately, however, in three letters strongly condemning the practice no direct evidence of this diminished nutritive power is given, and the indirect evidence is most meagre and indefinite and only relates to boiled milk. In spite of this lack of direct evidence there appears to be a general consensus of opinion that milk may be so altered in the process of sterilisation as to lead to rickets or infantile scurvy in the consumer. If this is so it is important to learn something of the nature of the change and whether it is an essential part of the process of sterilisation or merely an accident which may be avoided. The chief dietetic cause of rickets is undoubtedly deficiency of fat, that of infantile scurvy some remote and little understood change in the food. While it is impossible to trace the effect of boiling on the antiscorbutic constituent of milk it is not difficult to see the effect produced on the fat and to suggest one connecting link between boiled milk and rickets. When milk is boiled in an open vessel the cream rises pretty rapidly and a large proportion of it becomes entangled in the skin which forms on the surface, thus being lost to the consumer. In addition to this the minute globules of fat coalesce into larger masses and are rendered less easy of absorption. These plain physical facts go far to explain the loss of nutritive power in boiled milk, but they form no essential part of the process of sterilisation. If milk is heated rapidly in covered vessels to a temperature just short of boiling point, the vessels then sealed and cooled rapidly from below upwards, this separation of the fat can be largely prevented and the milk retains much nutritive power that would otherwise be lost. At the same time, all the more dangerous organisms that are known to be commonly present in milk are destroyed. This process is simple and forms a reasonable compromise between boiling or complete sterilisation on the one hand and the use of raw milk on the other.

I have only seen one case of rickets which I could attribute to the use of boiled milk. I questioned the mother as to her methods and was informed that the milk

was boiled in an open pan, the skin which formed on the surface being taken off and thrown away. As by this means the child was being fed on skimmed milk the onset of rickets was not surprising. Is it not possible that many of the evils attributed to sterilised milk are really due to this unnecessary separation and rejection of the fat?

I am, Sirs, yours faithfully,  
Prescot, July 9th, 1891.

LEONARD YOUATT, M.B. Vict.

# THE CASE OF THE LATE MR. R. B. ANDERSON.

To the Editors of THE LANCET.

SIRS,—We shall feel much obliged if you will give us your powerful aid in bringing before the medical profession and the public the following facts in connexion with the late Mr. R. B. Anderson, F.R.C.S. Eng., whose widow and two orphan sons are now living in Tobago and are in the most straitened circumstances. A strong representative committee—with power to add to their number—has been formed with the view of appealing for assistance to those members of the medical profession and of the public who knew and sympathised with the hard case of Mr. Anderson which aroused more interest and sympathy than any other professional case of recent years and raised a most vital point in medical ethics. Shortly, the history of this case is that after being for some time in attendance on a private patient in Tobago Mr. Anderson refused to continue his attendance owing to her husband's personal rudeness to himself. On this an action was brought against him by the patient and her husband, and Chief Justice Gorrie (of Trinidad and Tobago) gave damages against Mr. Anderson for neglect in retiring from the case, although the attendance of another medical man had been immediately secured and no injury to the patient was proved. Mr. Anderson resisted this judgment; excessive bail was demanded from him, and in default he was imprisoned and in the end ruined by this and other illegal acts of judicial oppression. Mr. Anderson then came to England, a committee was formed to assist him in carrying the West Indian judgments in appeal to the Privy Council, and Mr. Anderson in person brought an action before the late Lord Chief Justice Coleridge in the Queen's Bench for the recovery of damages against the colonial judges. An English special jury gave a general verdict in his favour with £500 against one of the judges (Chief Justice Gorrie having died just prior to the trial), but Lord Coleridge gave judgment for the judge against Mr. Anderson and the verdict in his favour on the ground that no civil action for damages would lie against judges for acts done in their judicial capacity. This judgment was confirmed on appeal, and from want of funds a further appeal to the House of Lords and the proposed colonial appeal to the Privy Council were rendered impossible. Finding his legal remedies unsuccessful, owing to the insufficient support which he received from the corporations and associations of the profession, Mr. Anderson began an active campaign of medical reform, by which means alone he saw any hope of proving the justice of his case and securing for the future the rights of the profession which were involved in his case, together with others which, in his opinion, required protection. His life terminated suddenly from heart disease, under pathetic circumstances, on Nov. 8th last, and our committee feel that many in the profession, as well as others, will be ready—whether or not they were in agreement with Mr. Anderson's views and methods—to respond to this appeal on behalf of his necessitous family. Donations "for the Late R. B. Anderson Fund" sent and made payable to the Manager, Union Bank of London, Chancery-lane, London, will be duly acknowledged and the amount subscribed will be dealt with as our committee, by resolution, may decide.

We are, Sirs, yours faithfully,

STAMFORD,  
Chairman.  
TIMOTHY HOLMES,  
Honorary Secretary.

July, 1901.

Mr. W. Monnington, who is acting as secretary of the fund, announces the present list of subscriptions:—

|  | £  | s. | d. |                         | £ | s. | d. |
|--|----|----|----|-------------------------|---|----|----|
| The Earl of Stamford<br>(chairman) ... ..                      | 10 | 0  | 0  | Dr. Higham Hill ... ..  | 1 | 1  | 0  |
| Mr. Timothy Holmes,<br>F.R.C.S. (honorary<br>treasurer) ... .. | 5  | 0  | 0  | Dr. Lorimer Hart ... .. | 1 | 1  | 0  |
| Mr. H. E. Juler, F.R.C.S.                                      | 2  | 2  | 0  | Dr. Alfred Cox ... ..   | 1 | 1  | 0  |
|  |    |    |    | Dr. Wheeler O'Bryen ... | 0 | 10 | 6  |
|  |    |    |    | Dr. Milner Browne ...   | 0 | 10 | 6  |
|  |    |    |    | Mr. Walter Monnington   | 1 | 1  | 0  |

# THE CIVIL SURGEON AT THE WAR.

To the Editors of THE LANCET.

SIRS,—I received a letter from my husband yesterday from South Africa in which he asked me to ventilate in your columns certain grievances under which he, in common with all other civil surgeons, is labouring. When they sign a contract with the War Office which binds them to a year's service they are given a cheque for one month's salary and 90 days' field pay. As no allowance is made for uniform or camp outfit the whole of this money is swallowed up in providing these necessities and the civil surgeon starts South African life practically in debt. He ranks as a captain. All other captains, nursing sisters, civilian veterinary surgeons, and officers of the line are given a colonial allowance. The civil surgeon has only a field allowance of 3s. 6d. a day, 1s. 6d. for his servant, and nothing more; whereas the above-mentioned officers receive the same field allowance, together with an extra 3s. per day as colonial allowance. My husband has to pay 4s. per day for mess, so that it will be easily seen that his field allowance does not cover his expenses. When one reflects that beer is 1s. 3d. a bottle and eggs 9s. 6d. a dozen not much margin is allowed for luxury. The wear-and-tear to clothes, too, is very great, and the civil surgeon who starts on "trek" with a field allowance of 3s. 6d. a day is likely to be a good deal out of pocket. Although my husband took up his duties at Aldershot on April 6th up to the date of writing he had not received one penny of his pay.

I am, Sirs, yours faithfully,  
July 9th, 1901.

E. L. F.

# BRITISH MEDICAL MEN AND GERMAN WATERING-PLACES.

(FROM A CORRESPONDENT.)

BAD NAUHEIM has been visited within this last week by an association from England of about 32 medical men and one lady doctor who have gone the round of nearly all the German watering-places in order to be in a position to speak positively as to the properties of the various baths and waters after a personal examination on the spot.

They have been most handsomely entertained by the local medical men and the various district authorities in each centre. Many of them left England with a certain amount of scepticism and misgiving as to what had been said in the medical and lay press as to the various reputed properties of certain waters. I cannot help thinking that if visits of this kind were more frequently undertaken by medical men in the pursuit of science and knowledge it would tend to open our minds to a correct appreciation of the benefits to be derived from a visit to districts where Providence has placed within our reach waters containing certain salts and minerals which undoubtedly are of benefit to the human race when properly used under the direction and supervision of local medical men who have devoted themselves to the study of certain diseases and of the proper application of the waters externally in the form of baths and also internally in the form of table waters, and of waters taken in the early morning at the springs. The early rising so much practised at all watering-places, with a certain amount of exercise and attention to eating, drinking, and smoking, all tend to improvement in suitable cases.

The medical visitors arrived in Bad Nauheim on Wednesday evening, June 26th. On Thursday morning Dr. Schott met them at his private house and again at the baths in the forenoon. He explained to them the properties of the various springs and waters, the cases for which they proved so remarkably successful, and his reasons for believing in their virtues. On the same evening I had the pleasure of being one of those who met by invitation of Dr. Schott at his house. He gave us a very excellent address founded on his ripe experience of the effects of the sprudal waters of Nauheim on the motor and sensory nerves. He also laid great stress on the injurious effects of excess in cycling, football, running, rowing, and the abuse of tobacco—in fact, the serious effects on the heart from any serious and violent strain. The progressive and insidious character of the heart trouble when, without any previous ill-effects being observed, a sudden collapse takes place was insisted upon by him.